

Testimony for National Defense Authorization Act for Fiscal Year 2015
Congressman Nick J. Rahall, II
April 9, 2014

Chairman McKeon and Ranking Member Smith,

Thank you for the opportunity to testify in advance of the House Armed Services Committee's consideration of the Fiscal Year 2015 National Defense Authorization Act. I urge the Committee to include H.R. 2841, the Guard and Reserve Equal Access to Health Act, in this year's bill.

H.R. 2841 is a top legislative priority for the American Legion and has also garnered the support of the Reserve Officers Association (ROA), the National Guard Association of the United States (NGAUS), the Association of the United States Navy (AUSN), and the Veterans of Foreign Wars (VFW). As well, H.R. 2841 has 44 bipartisan cosponsors, including the following Members of your Committee: Reps. Walter B. Jones, Joseph J. Heck, Steven M. Palazzo, David Loebsack, Niki Tsongas, Colleen W. Hanabusa, Ron Barber, William L. Enyart, and Marc A. Veasey.

H.R. 2841 would authorize a member of the Reserve Component to request a physical 90 days prior to their separation from the service. Further, the bill requires the Department of Defense to provide the servicemember with a copy of the records from the physical.

Separation physicals provide a vital record for the Department of Veterans Affairs (VA) to establish a service-connected disability, which is why Title 10 requires that members of the Active Component receive a physical upon separation from the service. However, the law does not apply equally to members of the Reserve Component. There is no option for Reserve Component servicemembers to obtain a physical at the end of their service obligation. As a result, disability claims submitted by veterans of the Reserve Components are denied by the VA at a disproportionate rate compared to their Active Component counterparts.

Currently, the physicals administered to Reservists by the Department of Defense occur at the time of demobilization, but such physicals are insufficient for determining a service-connected disability.

Keep in mind that when servicemembers return from their period of active duty, they are still in active service in the Reserve Component for the remainder of their service obligation or retirement. Therefore, many disabilities develop over a period of months, and even years, well after the demobilization examination but before a member of the Reserve Component leaves the military service. Also, Reserve Component servicemembers might be reluctant to report their symptoms at the time of demobilization, if they feel that doing so could impede them from returning home to family and friends, or would hinder their military advancement.

My bill aims to create parity between and the Active and Reserve Components. The men and women who volunteer to serve in the Guard and Reserve are given a physical to determine

their eligibility for service, and so they should be afforded the same opportunity as their Active Component counterparts to document their physical condition upon leaving the service.

I appreciate your consideration of my request.